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## ABSTRACT

This paper describes HealthWorks! Kids' Museum, an education center designed to help K-8 students understand and make healthy lifestyle choices. The museum includes an exhibit floor, interactive classrooms, a teacher resource room, and interactive exhibits for children. These exhibits include the Main Brain theater, the Skin Crawl Wall, and All About Me computer sections. The museum works with students and teachers to improve health education in and out of school. It strives to impact parents and community members as well as children and to ultimately improve the health of the community by addressing the public's knowledge, behavior, and attitudes about health. A longitudinal evaluation is assessing the program. It involves multiple stakeholders, multiple goals, multiple data sources, and formative and summative analysis. To date, evaluations indicate that students consider the museum experience fun; teachers, parents, and community members have increased awareness and knowledge of health issues through participation; and the goal of a planned program of interactive, meaningful health education curricula and instruction has been realized. Next steps include continuing data collection and formative analysis; beginning summative analysis; and designing program indicators and benchmarks for longitudinal measures reflecting overall community health. (SM)



# Connecting Community Through Evaluation

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AEA Annual Meeting  
November 2, 2000

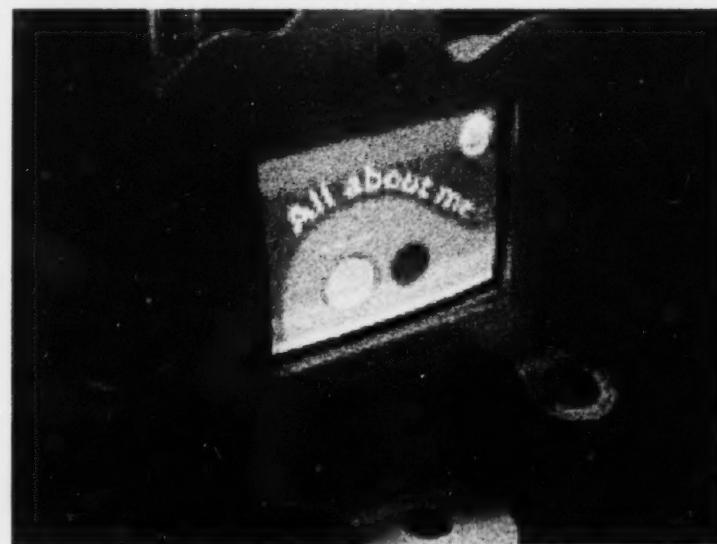
# Memorial Hospital & Health System, South Bend, IN

- Our mission is to improve the quality of life for all people of our community.
- Our vision is to become the healthiest community in the nation by 2010.
- We will accomplish this through our health education initiatives.

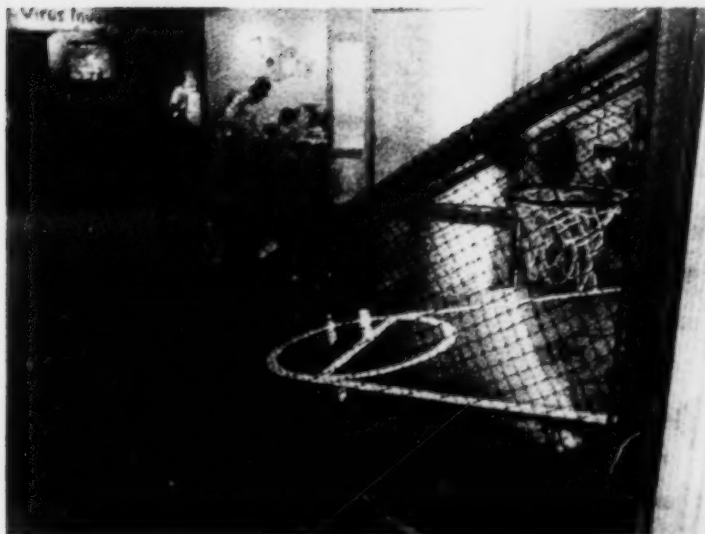


## HealthWorks! Kids' Museum, a place where children will:

- Engage in interactive processes of discovery,
- Be intrigued and empowered to explore,
- Appreciate the wonder and complexity of the human body, and
- Extend their visit to the museum with family because it's fun!



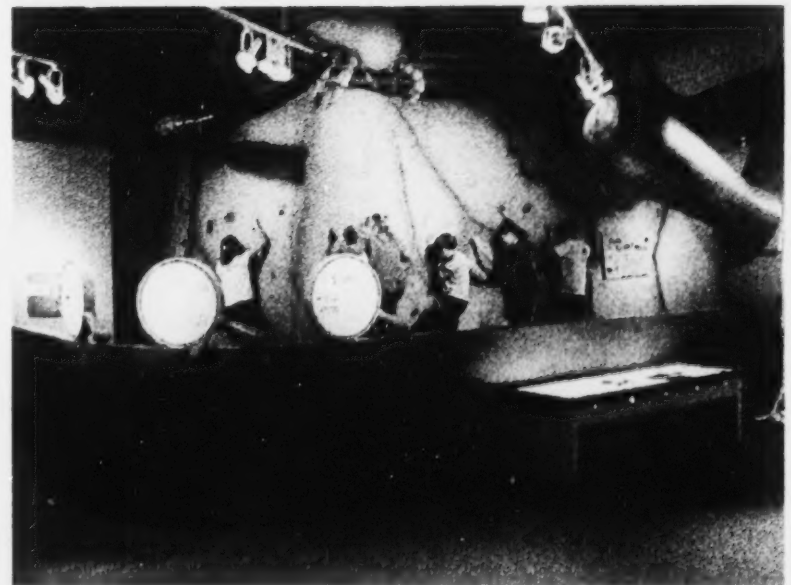
## Museum exhibits, programming & curricula designed through a collaboration of:



- Health experts,
- Medical practitioners,
- Local educators, &
- Many, many community members.

## The museum consists of:

- 12,000 square feet of floor space,
- Two state-of-the-art classrooms,
- Multi-media theater,
- Teacher resource room, and of course,
- Interactive exhibits for kids in grades K-8, and
- We're currently serving over 700 students per week.



## Interactive exhibit floor includes:

- Skin Crawl wall,
- All About Me computer stations,
- Virus Invaders life-size video game,
- The Main Brain theater, &
- Of course, big blue eyeballs.

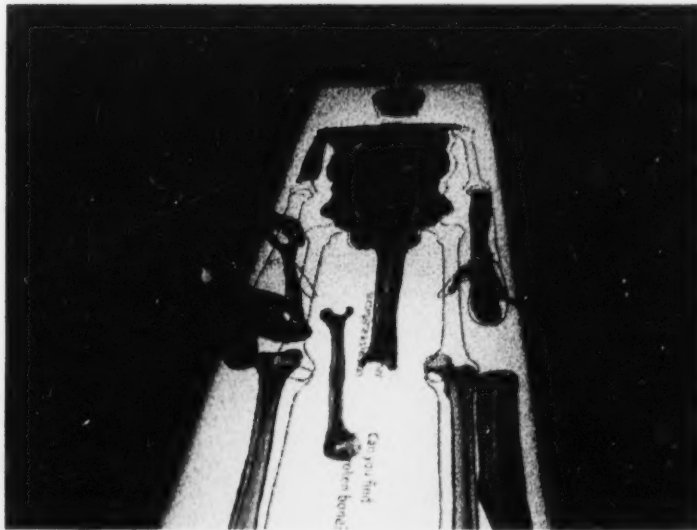


First, we're working with students & teachers to improve health education in and out of school:



Museum experience is just one of many community health initiatives.

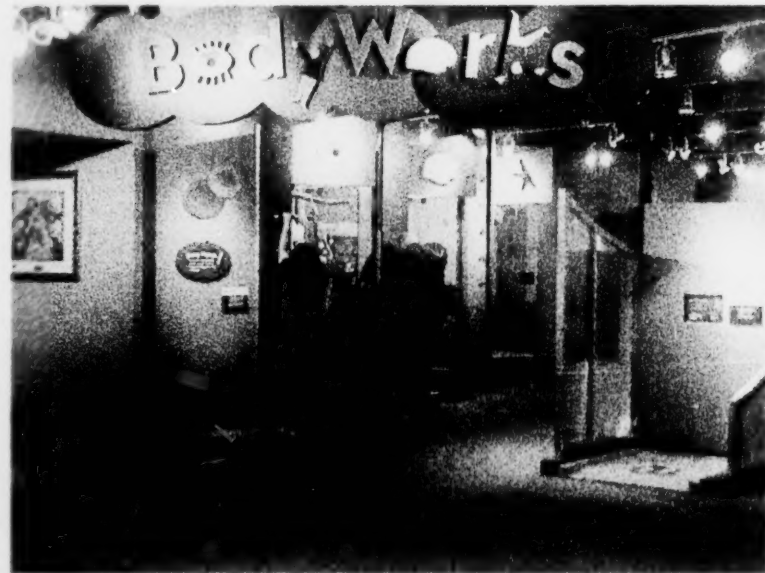
Second, we'd also like to impact parents and community members through:



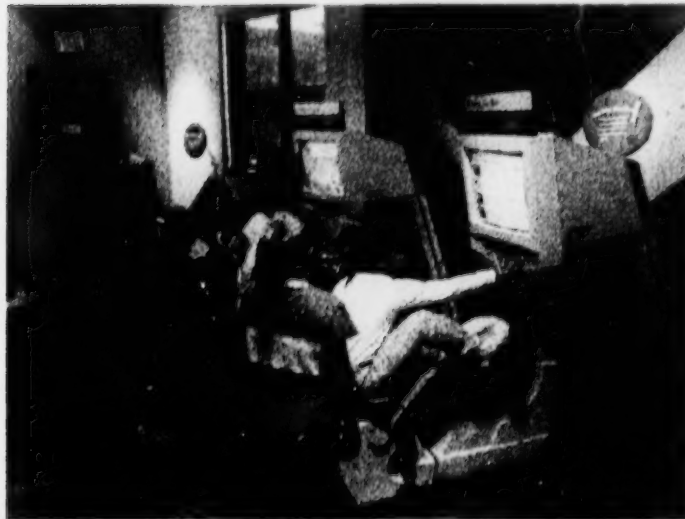
- Increasing awareness of healthy living,
- Providing cutting edge knowledge about health issues and concerns when and where it's needed, &
- Planning and delivering programming based on our community needs.

Third, we know to ultimately improve the health of our community, we must address everyone's :

- Knowledge,
- Behaviors &
- Attitudes of all our 100,000+ residents & neighbors from surrounding states.

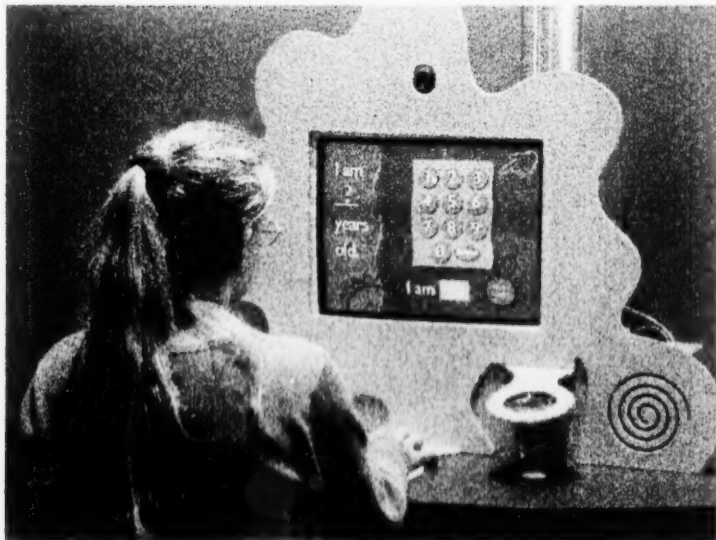


Fourth, to assess our impact we must take a long-term, longitudinal view.



- Become reflective practitioners,
- Involve our diverse community in our evaluation efforts,
- Measure, measure, measure for a period of years, and
- Share our learning history with others.

## In most evaluation projects:



- There's usually a stash of unobtrusive data available (such as: attendance, artifacts, customer satisfaction, feedback),
- Multiple data sources are the norm, &
- There's short-term and long-term data measures to be considered.

# What's this look like in real life?

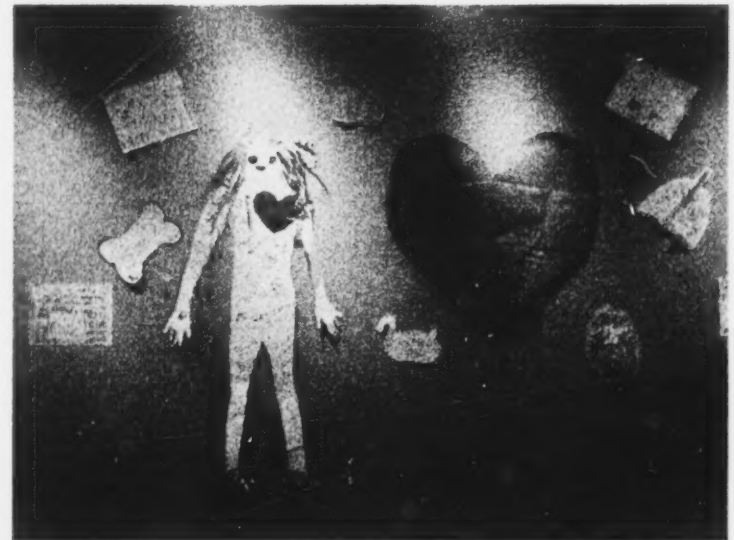
## Well, we have:

- Multiple stakeholders,
- Multiple goals,
- Multiplicity of data,
- Formative & summative measures analysis.
  - Just messy; messy; messy...



The project fits with gathering evidence of goal attainment, program implementation and overall community impact through:

- Program artifacts,
- Group feedback,
- Field observations, and
- Longitudinal data (e.g. cohort groups).



## Of course, we like everyone else wrestle with:

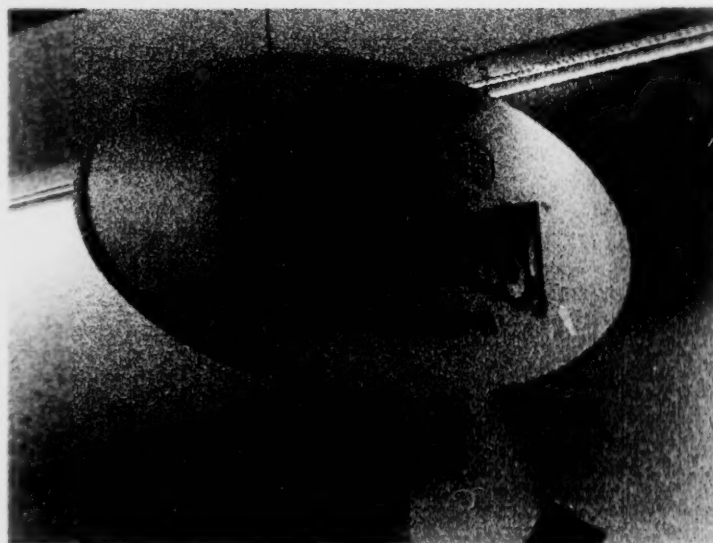
- Internal validity = credibility of findings (corroborate, triangulate, etc.)
- Reliability = auditability of findings (e.g. another team determines agreement; internal & external evaluation team members)
- Bias effects = objectivity of the evaluator (neutrality)
- External validity = applicable to this context and other settings (fit of the findings)

## Address the Standards for Evaluation

- Utility (provides practical information)
- Propriety (legality & ethical standards)
- Feasibility (realistic, doable, cost-effective)
- Accuracy (findings gauge the merit, worth & value of the program)
- Characteristics of a good evaluation (Joint Committee, 1981)

## We involve stakeholders in the evaluation, because...

- Participatory evaluation improves the process & the product.
- We're dealing with emerging & planned research questions.
- We have multiple perceptions of reality across and within our community.



# The Confirming Evidence Approach to Program Evaluation

- Uses multiple data sources to verify performance and to gauge completion and/or fulfillment of stated goals,
- Utilizes a mix of qualitative and quantitative measures determined by the scope and defining aspects of the project, and
- Involves the program participants in the evaluation.

## Mixed Method Evaluations make use of both:

- Qualitative Data Analyses
  - Trends/patterns
  - Justifying conclusions
  - Triangulation (Patton, 1990; Miles & Huberman, 1994)
  - Verification through confirming evidence (Rudy, 1999)
- Quantitative Data Analyses
  - Statistics of choice
  - Central tendencies
  - Clearly established procedures and protocols
  - Charts & graphs
  - Cohort group designs

We're gathering a wealth of data from multiple sources, analyzing and making judgements, and ultimately forming claim statements that are supported by:

- Confirming evidence
  - verifying positive agreement,
- Disconfirming evidence
  - verifying negative agreement, or
- Mixed evidence
  - Conflicting & confounding data.

# Evaluation Components/Activities

## – Formative

- On-going feedback,
- Focus groups,
- Accomplishments,
- Artifacts, and
- Document review.

## – Summative

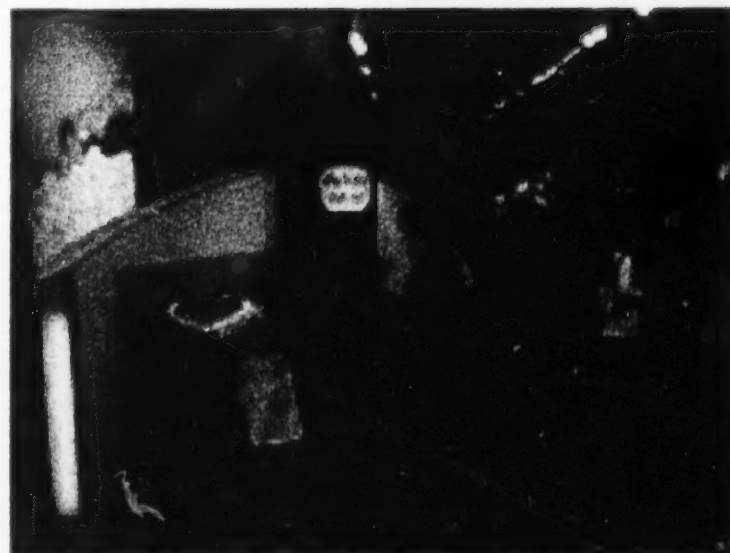
- Goal attainment,
- Indicators of success,
- Benchmarks &
- Standards (e.g. state proficiencies).

## Some sample claim statements from our formative assessments:

- Students remember the museum experience as a fun experience,
- Teacher, parents & community members have increased awareness and knowledge of health issues through participation, and
- The dream of a planned program of interactive and meaningful health education curricula & instruction has been realized.

## Next Steps

- Continue data collection & analyses for formative program improvements,
- Begin summative data analyses (I.e. annual and biennial report of findings), and
- Design program indicators and benchmarks for longitudinal measures that reflect overall community health.



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